Questions and Answers from MassHealth Fall 2007 Provider Forums

Automated Solutions

Q. What is the APAS Web site?
A. www.masshealthapas.com

Q. How do I switch to EFT?
A. Providers complete and submit an EFT/direct deposit application with a canceled check. It takes approximately five weeks. Providers may access the EFT/direct deposit application form by clicking on the Information for MassHealth Providers link on the www.mass.gov/masshealth main page, then clicking on the MassHealth Provider Forms link at the bottom of the page. You may also click on the following link: http://www.mass.gov/Eeohhs2/docs/masshealth/provider_services/forms/eft_form.pdf.

Q. Do I have to provide an electronic signature for the PT-1?
A. No. The online PT-1 form does not require an electronic signature. You must confirm your provider number.

Q. How long does it take to receive a claim attachment form (CAF)?
A. The CAF form is issued the week after the claim is suspended for requiring documentation.

Q. Are CAFs sent to providers when an EOB form is required?
A. No. The CAF is specific to attachments other than for other insurance. Additionally, the CAF will be retired with the implementation of NewMMIS as providers will have the ability to submit electronic attachments with their claims, through direct data e entry (DDE) service authorizations, and other e-services.

Q. What is a PT-1 form?
A. The prescription for transportation form (PT-1) is a form that is used to request transportation for a member.

Q. I bill for the same patient and service monthly. Can my original documentation for one claim attachment form (CAF) cover future bills?
A. No. Each CAF letter must have the required documentation sent because information needed may be different or may change.

Q. Do I fill out the EFT form again if the bank account information changes or is the process different?
A. Yes, you must complete a new EFT form when your bank information changes.

Q. Is the vendor code number (VC) a state-issued code?
A. Yes.

Q. How do I access Vendor Web?
A. Providers need their vendor code, which can be found on their check stub or they may contact Customer Service. Providers can then go to: https://massfinance.state.ma.us/VendorWeb/vendor.asp. Click login and then enter the vendor code. There are additional instructions on how to use and interpret the information on the Web site. You may also refer to the July 2007 Feature of the Month.

Q. Does every provider have a vendor code?
A. Yes.

Claims

Q. After May 23, 2008, if MassHealth is still not ready for NPI, what will we do?

A. We will review the situation as we approach the date. Providers will be notified of any changes in the current direction. However, NewMMIS will be fully NPI compliant when it goes live in the summer of 2008.

Q. Are facilities having claims returned to them if they are not on the new UB-04 or proprietary form?

A. Yes. Beginning September 1, 2007, MassHealth began returning claims that were not submitted on the revised MassHealth claim forms, or the revised UB-04 and CMS-1500 claim forms.

Q. Do I have to use the revised claim forms when sending claims to 90-day waiver?

A. Yes. All claims submitted on MassHealth proprietary claim forms must use the revised forms.

Dental

Q. Are the dental forms changing to the standard forms?

A. Currently, MassHealth dental claims are submitted using the standard ADA claim forms. Questions about dental services should be directed to Dental Customer Service at 1-800-207-5019.

Q. Can dental claims be submitted electronically?

A. Yes. The 837D allows providers to submit dental claims electronically. Questions regarding dental services should be directed to Dental Customer Service at 1-800-207-5019.

EDI

Q. Is the 835 currently available?

A. Yes. The 835 is currently available and may be downloaded from the Web. Providers should contact our EDI staff at 1-800-841-2900, option 1, then 4, to be set up to receive the 835.

Q. Where can I get help on how to bill coordination of benefit (COB) claims?

A. If you use a software vendor or billing intermediary, you should contact them. If you use PCSS to submit your claims, you may contact our EDI staff at 800-841-2900, option 1, then 4. You may also refer to www.mass.gov/masshealth and visit our training page for training sessions that are held on PCSS.

Q. Where in PCSS do you change the claim frequency?

A. For institutional claims it is the last digit of the type of bill. For professional claims, it is on the Patient Info & General screen, on the lower-right side.

Q. Where is PCSS on mass.gov?

A. www.mass.gov/masshealth/pcss

Q. I use a vendor. Can I use PCSS to submit COB and void and replace claims?

A. Yes. You can use PCSS even if you use a vendor for other claims.

Q. How long does it take to test for electronic billing?

A. Providers are notified within five business days of submission. The duration of testing will depend on the success of your test files.

EDI (cont.)

Q. I am submitting through a software vendor. Can I get a 997?

A. MassHealth will create a 997 for each batch submitted. If you use a software vendor or billing intermediary, you should contact them. If you use PCSS to submit your claims, you can download the 997 from the Web site where your claims are submitted. You may refer to the PCSS user guide on www.mass.gov/masshealth or you may contact our EDI staff at 1-800-841-2900, option 1, then 4.

Q. There seems to be a seven-day waiting period for the posting of the 835. Why is the 835 posted after the paper remittance advice (RA) is received?

A. The 835 cannot be generated until after the payment file is created that assigns the paper check and EFT numbers. This usually happens on the Thursday evening following the RA date. The 835 file is generated over the next weekend and posted on Monday.

Q. Can you print the RA online through mass.gov?

A. The paper RA is not available through the Web site. If you receive an 835, you may format the file and create a print file.

Q. My software cannot read the 835. Where should I go?

A. You should speak with your software vendor. You may also use PCSS to format your 835 files.

Q. My vendor tells me that they are able to translate the 835 for Medicare but not for Medicaid. Why is this?

A. Your vendor should be able to translate the 835 since it is a HIPAA transaction. You may want to speak to them again.

Q. How do we get the contact person for the 997 changed?

A. You can contact our HIPAA Helpdesk at 1-800-841-2900, option 1, then 4.

Q. We do not want the 997 e-mail confirmation since we can download it. How do we stop receiving the e-mail confirmation?

A. You can contact our HIPAA Helpdesk at 1-800-841-2900, option 1, then 4.

Q. I bill on claim form no. 5. Can I bill electronically?

A. Yes. You would use the 837P.

Q. Can PCSS be used to bill other payers?

A. No. PCSS is designed for MassHealth claims.

Q. There was a compatibility issue with Adobe 8 and PCSS in the past. Has that been fixed?

A. The problems were with Windows Vista. Some programs were not included in the Windows Vista package. Flyers were sent to providers to confirm the proper Microsoft patch to download. For more information, contact our Helpdesk at 1-800-841-2900, option 1, then 4.

Q. Does PCSS interface with my scheduling system?

A. No, PCSS will not interface directly to your scheduling system. You may import a text file into PCSS.

Q. Can providers bill coordination of benefits (COB) claims electronically?

A. Yes. Today providers are able to bill COB claims electronically.

EDI (cont.)

Q. Is PCSS the only way to do void and replace, COB, and 835?

A. No, providers can work with their vendor. Both the void and replace and the COB are part of the standard 837 transaction.

Q. Will electronic claims require a CAF for COB claims?

A. No. The CAF is not used for COB.

Q. What kind of documentation usually causes a CAF letter?

A. Providers can refer to their MassHealth provider manual under Subchapter 6 or their regulations in Subchapter 4. These services usually have individual consideration (I.C) or are surgical procedures that require operative notes or other attachments such as a sterilization form. However, providers should always bill the claims electronically first and MassHealth will tell them through the CAF process which claims need additional information.

Q. Can PCSS be used for COB?

A. Yes.

Q. Where do we go for help if we are having trouble using electronic transactions?

A. Providers should contact their software vendor or billing intermediary. Providers may also contact the MassHealth Customer Service HIPAA team at 1-800-841-2900, option 1, then 4.

Q. I have inpatient claims with different types of bills. Can I use void and replace?

A. Yes, you can still use void and replace.

Q. My vendor does not have COB or void and replace. Whom do I contact?

A. Contact your vendor to request that they support these options.

Q. Whom do I talk to about discharge status questions for PCSS?

A. Providers can contact the MassHealth Customer Service HIPAA team at 1-800-841-2900, option 1, then 4.

Q. For electronic COB claims, is MassHealth saying that they do not need to have the paper EOB sent?

A. Yes. For electronic claims, the EOB or EOMB does not need to be sent in on paper in order to file a COB claim.

General

Q. Will MassHealth cut staff at the call center?

A. No. There are no plans to reduce call center staff.

Mass.gov

Q. How do you know which services are covered?

A. Providers can check their MassHealth provider manual, which is accessible at www.mass.gov/masshealth. Check Subchapter 6.

NewMMIS

Q. When will NewMMIS be available?

A. NewMMIS will be available in the summer of 2008.

NewMMIS (cont.)

Q. Will providers be able to check on payments in NewMMIS?
A. Yes. Vendor Web is currently available and will be available with NewMMIS. For additional information you may refer to the July 2007 Feature of the Month.

Q. Will NewMMIS include PCSS?
A. No. PCSS will not be part of NewMMIS. The direct-data-entry option will replace PCSS.

Q. Will you be able to send PT-1 forms electronically?
A. Yes. You can do it today. Please refer to All Provider Bulletin 157, dated August 2006, for more details.

Q. Will there be a new member ID?
A. Yes. NewMMIS is being designed to issue a unique 12-digit member ID for each MassHealth member. This new numbering structure allows MassHealth to better position itself for future CMS member-based initiatives.

Q. Will MassHealth be revising the member ID card? It is currently small and hard to read.
A. Yes. With NewMMIS, MassHealth will change the member ID number and the card. It will be the same size, but have only one member listed per card.

NewMMIS/Claims

Q. Will a suspended or denied claim hold up all our other claims that paid?
A. NewMMIS will process claims differently than we do today. If a claim was submitted with multiple lines on the same claim form, and one suspends, the other claim lines will also suspend until that claim line is adjudicated.

Q. Are the MassHealth proprietary claim forms really going away?
A. Yes. We will move to the standard CMS-1500 and UB-04 claim forms.

Q. What will happen with the PCC referral process when NewMMIS is implemented?
A. Providers will be able to request an electronic referral via the NewMMIS provider on-line service center. A 12-digit referral number will be assigned to each referral, and each referral will be validated against claim submissions.

Q. What is the time frame for claim adjudication and will it affect claim suspense times?
A. DDE claims can be processed real time and will adjudicate in minutes.
Most suspended claims are adjudicated within 30 days of the suspense date and this should remain the same. Suspended claims will be processed through automated workflow which should improve the overall efficiency of the review process. It is anticipated that the process will be faster than it is currently.

Q. Will we be able to scan attachments to submit with our claims?
A. Yes. You will be able to submit scanned attachments electronically through the provider online service center for any NewMMIS DDE-type function available (for example, enrollment, referrals, PA, etc.)

Q. Will MassHealth be working with software vendors and billing intermediaries?
A. Yes. MassHealth is holding a session for billing intermediaries and software vendors on November 1st.

NewMMIS/Claims (cont.)

Q. Will the NewMMIS include the fee schedule?

A. Fee schedules can be access though www.mass.gov\dhcfp. Providers should always refer to Subchapter 6 in their manual first to review the available service codes first before going to review the fee schedule to eliminate confusion.

Q. Does MassHealth have the billing instructions for the CMS-1500 for NewMMIS?

A. Billing instructions for the industry-standard paper claim forms are currently underway. We will keep you informed.

Q. How will providers send attachments with the new system?

A. Providers will be able to submit attachments electronically for a direct data entry (DDE) claim through the provider online service center, using standard document types.

Q. Is NPI going to continue with NewMMIS?

A. Yes. NPI is mandated as part of HIPAA.

Q. Will there still be a 90-day time line to submit claims in NewMMIS?

A. Yes. The 90-day time line is set by regulation, and will not change with the implementation of NewMMIS.

Q. When will the 835 take effect?

A. Legacy MMIS is currently reviewing the possibility of implementing the 835 prior to the implementation of NewMMIS. Irrespective of the legacy implementation, the 835 will be available within NewMMIS when it is implemented in the summer of 2008.

Q. For claim form no. 9, which standard form (CMS-1500 or UB-04) will be used?

A. It will depend on what type of provider you are with MassHealth. More details will be coming in future trainings.

Q. How will the SC-1 process change as a result of NewMMIS?

A. The SC-1 process will not change with the implementation of NewMMIS.

Q. Will the CMS-1500 form be free when MassHealth switches to NewMMIS?

A. MassHealth will not provide the CMS-1500 form to providers. Providers will be responsible for obtaining their own supplies.

Q. Will workflow at CST change?

A. Yes. MassHealth is currently evaluating the impact of these changes.

Q. Can the 837 be uploaded on DDE?

A. NewMMIS will be able to accept both DDE and 837 X-12 batch transactions via the provider online service center.

Q. Is NewMMIS brand new?

A. NewMMIS has been successfully used in other states. There have been modifications made for MassHealth.

Q. Will the codes I use for billing change?

A. The billing policy will not change. Providers should always check their bulletins and transmittals letters.

Q. Will the new Web site have enough band width to support all providers and members?

A. Yes.

Q. Will remittance advices be electronic with the new system?

A. Yes.

NewMMIS/Claims (cont.)

Q. What is the expected date for the introduction of NewMMIS?

A. Based upon the current schedule, the implementation is slated for the summer of 2008.

Q. How will our organization use the metric reports feature on NewMMIS?

A. Providers can use the information to track denials, claims history, and other reports to help with their internal reporting.

Q. When MassHealth goes to the CMS-1500, will there be a specific place for the PCC provider?

A. There is no separate field just for PCC providers. The FL 17 field on the CMS-1500 is for the name/provider ID of a referring provider. This could be the PCC in some instances.

Q. Will MassHealth adopt the standard service codes when it goes to the UB-04 and CMS-1500?

A. MassHealth currently uses standard service codes. This will continue with the adoption of standardized claim forms

Q. Can split billing be done electronically?

A. Providers will not need to split bill in NewMMIS as they currently do in legacy (due to breaks in eligibility or LTC coding), since NewMMIS will view contiguous eligibility and LTC segments in determining claim payment.

Q. Will NewMMIS recognize carve-out insurance plans?

A. Yes. NewMMIS will identify the subcontractor. There will be a relationship to the parent carrier/insurer. The carve outs will have their own carrier code and the claims will be adjudicated based on the carrier code and coverage.

NewMMIS/Eligibility

Q. Can I check LTC coverage in NewMMIS?

A. Providers should be able to see the LTC coverage on the eligibility response.

Q. Can I check retro eligibility for the start date?

A. We will confirm eligibility for a date or date range (six-month period). We will not give the start date.

Q. Will I be able to submit an SC-1 electronically in the new system?

A. No. The SC-1 forms must be sent as paper to the MEC.

Prior Authorization

Q. I need to request prior authorizations (PA). Can PA requests be done online?

A. Yes, today providers can request a PA electronically. Providers should contact ACM and sign up for training so they can use the APAS system to submit PAs electronically.

Q. How do you get access to APAS?

A. If you have any questions about APAS, please contact the MassHealth APAS Support Center at 1-866-378-3789 or support@masshealth-apas.com, or visit www.masshealth-apas.com.

Q. Is MassHealth going to get rid of the paper RA?

A. The current plan is to not issue paper remittance advices in NewMMIS.

Q. How will I access REVS, PAs, and referrals in the new system?

A. These will be accessible through the provider online service center via mass.gov.

Prior Authorization (cont.)

Q. Will there be a quicker response for PAs?

A. It is expected that the efficiencies of electronic submission via NewMMIS will allow PA requests to process faster. MassHealth has up to 21 days, depending on provider type, to process a PA request. Please refer to page 5.2-3 in Subchapter 5 of your MassHealth provider manual for more details.

Q. Will a provider be able to track their PA on NewMMIS?

A. Yes. Providers will be able to view the most recent status of their PAs as well as see when the PA has been adjudicated (a decision is made).

Q. Will NewMMIS let providers know how many units are left on a PA?

A. Yes. Providers may view their PAs online via the provider online service center, **but** the display will show only the number of units that have not been billed for. It is possible that some units may have been used but the bill has not been submitted yet.

Q. Will a modified PA show up on NewMMIS?

A. Yes.

Publications - Preferred Communication Method

Q. Do you have to pick two sign-ons if you have two different provider types?

A. Yes. For the current system. For the NewMMIS, there is a preferred method of contact (PMC) which is slightly different than the current preferred communication method. The NewMMIS PMC establishes the parameters for providers to receive their notices, correspondence, etc. electronically or on paper.

Q. Can an individual within an organization get an e-mail?

A. No. It is set up on the organizational level. However, providers can designate one e-mail to disseminate the information to others in their organization.

Q. Can a provider put in separate information for both inpatient and outpatient hospital provider numbers?

A. Yes.

REVS

Q. Are there REVS trainings?

A. Yes. Please contact the REVS Helpdesk at 1-800-462-7738, option 1, then 5, or you can contact them at the REVShelpdesk@eds.com.

Q. Can claim status inquiries be batched on WebREVS?

A. No. You must use REVSPC to access the batch eligibility option.

Q. Is the NEHEN eligibility information the same as REVS?

A. Yes. NEHEN accesses REVS to retrieve the information.

Q. Is there an easier way to locate newborn babies on REVS when the name may have changed?

A. REVS is working on enhancements to address this issue.

Q. What happens if a provider finds out that coverage has changed while they are providing care?

A. The provider's eligibility verification process is crucial. Providers need to check eligibility before providing service.

REVS (cont.)

Q. Will LTC level of care be put on REVS?
A. This is being reviewed.

Q. Can providers get claim status online through REVS when there is a primary payer other than MassHealth?
A. Yes.

Q. How can batch eligibility be used?
A. Batch eligibility allows providers to check eligibility for multiple patients at one time, instead of checking each individual one-by-one.

TPL

Q. How do I update incorrect TPL information for a member?
A. Fax a TPL update form to the TPL Unit at 617-357-7604.

Training

Q. Will there be in-depth training on NewMMIS?
A. Yes. There will be all types of training, including in-person, net meetings and computer-based training (CBT). Stay tuned to www.mass.gov/masshealth for additional trainings in 2008.

Q. What happens if you are wait-listed for training? How are providers informed of their status?
A. If an opening occurs, providers will receive an e-mail or phone call.

Transition

Q. Will there be a provider checklist specific to rollout?
A. Yes, in future sessions we plan to produce a provider checklist.